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DEVELOPING A PROGRAM FOR PREGNANT TEENAGERS THROUGH THE COOPERATION OF SCHOOL, HEALTH DEPARTMENT AND FEDERAL AGENCIES.

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AN INTERAGENCY PROGRAM FOR UNWED PREGNANT TEENAGERS IN THE LOS ANGELES PUBLIC SCHOOLS, FUNDED IN 1965 UNDER TITLE I OF THE ELEMENTARY AND SECONDARY EDUCATION ACT, OFFERS EDUCATIONAL, MEDICAL, SOCIAL, AND PSYCHOLOGICAL SERVICES. IN ADDITION TO USING REGULAR PERSONNEL, THE PROGRAM ENLISTS THE COORDINATED EFFORTS OF THE ADOPTION BUREAU, THE BUREAU OF PUBLIC ASSISTANCE, THE PROBATION DEPARTMENT, FAMILY SERVICE, AND THE DISTRICT HEALTH DEPARTMENT. THE PROGRAM IS CONDUCTED IN OR ADJACENT TO SIX LOS ANGELES DISTRICT HEALTH CENTERS. GIRLS ARE EXPECTED TO CONTINUE IN THE PROGRAM UNTIL ABOUT 8 WEEKS AFTER CHILDBIRTH, AT WHICH TIME THEY CAN RETURN TO THEIR REGULAR SCHOOL. PARENTAL INVOLVEMENT AND GENERAL SCHOOL-COMMUNITY COMMUNICATION ARE ENCOURAGED. OF THE 266 PREGNANT GIRLS ENROLLED IN THE PROGRAM DURING THE 1966-67 SCHOOL YEAR, 181 TERMINATED PREGNANCY DURING ENROLLMENT. THE AVERAGE AGE OF GIRLS REFERRED FOR SERVICE IS 15.8 YEARS, WITH A RANGE FROM 11.6 TO 18 YEARS. THE INTELLIGENCE RANGE OF THESE GIRLS HAS BEEN NORMAL AND THEY SEEM TO BE HIGHLY MOTIVATED. THIS SPEECH WAS PRESENTED AT A JOINT SESSION OF THE AMERICAN SCHOOL HEALTH ASSOCIATION AND THE AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, MIAMI BEACH, FLORIDA, OCTOBER 24, 1967. (LB)

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The first significant date is 1949, when classroom instruction was provided by teachers from the School District in three maternity homes. The homes served were Booth Memorial, Florence Crittenton, and St. Anne's. However, this program served only those girls who were accepted for service in the maternity home, and there was no program planned or provided for the unwed girl who remained at home.

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The second significant date was 1958, when the State Educational Code was amended to include home instruction for pregnant girls under the same section of the law that provided service to the physically handicapped pupil. However, this amendment was interpreted as being permissive; therefore, pupils were served only if they had been currently enrolled in school, if they had satisfactory grades, and if their home environment was conducive to a learning situation. (It is immediately obvious that many pregnant girls did not receive home instruction because of the restrictive guidelines for assignment of the home teacher.)

Other factors that limited services in the home instruction program were, first: that in our District a home teacher visited the pupil only one hour, one day a week; second: there was always a waiting list for service for all pupils eligible under the physically handicapped law; and third: priorities were given to pupils with serious handicaps who could not under any circumstances attend school. These priorities created long waiting lists and, unfortunately, a very high per centage on the list was composed of unwed girls.

The third significant date was 1962, when it became acutely apparent to school and health personnel that the present service available to the adolescent pregnant girl was inadequate. The number of girls leaving school because of pregnancy was increasing, and an increasing number of high school girls dropped out of school before graduation because of pregnancy. Lack of coordinated service was apparent in dealing with individual girls and their parents.

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Awareness of the problem and the need to coordinate service was translated into action by the Welfare Planning Council's sub-committee on adoptions. From these meetings came a coordinated effort to develop a program that could meet the high risk needs of teenage unwed mothers. The joint meetings which followed led to starting a pilot program which attempted to meet the educational, medical, social, and psychological needs of the pregnant school-age girl. The program was implemented by an interagency and interdisciplinary plan for utilization of services from the Los Angeles City School Districts and the Los Angeles County Health Department. This cooperative arrangement incorporated the following procedures: The classroom was established in a District Health Center, and a teacher from the Special Education Division home instruction program was assigned to the class. The pregnant girls reported to the health center classroom for daily instruction of at least four hours duration, as compared to the previous one hour of instruction per week for some of the girls. The health department, through its staff at the center, made prenatal care available to girls eligible for maternity clinic; provided instruction in prenatal, postnatal, and infant care; and gave casework services by a professional social worker.

During the first three years of operation, this experimental program was closely observed by school personnel and by representatives from other cooperating agencies. There was no doubt that it was a highly successful approach to the problem of the unwed teenager. Agencies closely allied to this general problem were deeply interested in the project and were impressed with its achievements.

From this pilot program it was apparent that there was a need to make classes available to many more girls and in different locations in the School District; however, because the project required more funds than were available, and because of the inability to locate classroom facilities, it was impossible to follow through with expansion. The pilot project pin-pointed, also, needs in other areas, such as: conferencing for the unwed father, postpartum home calls by a public health nurse, and parent counseling.

In 1965, the School District requested and received funding under the Elementary-Secondary Education Act, Public Law 89-10, Title I, for a project under the title of Educational and Medical Services to School-Age Expectant Mothers. This project was planned to provide educational, medical, social and related services to school-age pregnant girls not enrolled in a regular school. The program was implemented by an interagency and interdisciplinary plan for utilization of services from the Los Angeles City School Districts and the Los Angeles County District Health Department.

At the present time, there are classroom facilities located in six areas identified as eligible for compensatory education programs. The classrooms are located on the grounds of, or adjacent to, a Los Angeles County District Health Center. The educational program in the classroom is provided by fourteen teachers attached to the Special Education Branch of the School District. Other school personnel assigned to the project include two school nurses, and assistant supervisor of child welfare and attendance, and a secondary counselor. The coordination and administration of the project is

provided by the Director of Medical Services, who is Coordinator of Specially Funded Projects, attached to the Health Services Branch of the School Districts. The District Health Centers provide medical and related services to eligible girls.

Pupils are identified as eligible for services by the diagnosis of pregnancy by their physician, and educational placement is determined by the home school in cooperation with the Special Education Branch. A basic educational program is planned for each girl to fit her educational requirements, and all girls in the classroom as instructed by the school nurse and the health center staff in the areas of prenatal and infant care, preparation for delivery, nutrition, and child care. The medical social worker at each clinic provides group counseling on a weekly schedules basis.

The girls are admitted to the program at different times in pregnancy, however, it is preferred that they enter the classroom as early in pregnancy as diagnosis permits. The girls remain in the program until they deliver and, with their physician's permission, they can return to the classroom ten days postpartum. The girls are returned to the regular school when they are eight weeks postpartum, or as soon after that time as relates to a convenient transfer period in the school calendar.

Parents of the pupils are involved in planning with the girl and are encouraged to participate in classroom activities. The school nurse and the social worker make home calls and attempt to encourage communication and understanding between the parents and the girls regarding mutual problems.

Each classroom has an Advisory Committee composed of local school, agency and community representatives. Agencies usually represented are the Adoption Bureau, Bureau of Public Assistance, Probation Department, Family Service, and the District Health Department. The group acts as an Advisory Committee to plan and discuss particular problems related to this group of teenagers. This committee is very helpful in maintaining good school-community relations.

The objectives of the project are to provide a continuous educational program, to make available medical services and health education, and to provide medical social services. These objectives are met by this approach to the problem. Evaluations of the project indicate that the program reduces dropouts, improves prenatal care, and assists the girl in her social adjustment.

This presentation would be incomplete without some comment about the incidence of pregnancy in the school age population and characteristics of the school age expectant mother who remains at home or in foster home placement during her pregnancy. Incidence is extremely difficult to determine because there is no accurate information about the total number of girls who leave school because they are pregnant or the number of girls who married during high school because they were pregnant.

The only data that can be tabulated in our District is from a form used by physicians to request home instruction or to request refrain from educational activities for girls with the diagnosis of pregnancy stated on the form. Using this data for incidence, there has been an increase from

959 girls in 1962 to 1345 in 1967. This is a questionable increase, however, because the Los Angeles City Unified School Districts has had an approximate increase of 28,000 in school enrollment each year for the past seven or eight years.

Other records are kept about pupils who drop out of secondary schools, but pregnancy as a reason is not tabulated. Therefore, the only available figure, 1300, is obviously inaccurate and does not reflect the magnitude of the problem in a population of over 300,000 junior and senior high school pupils.

Fortunately, some characteristics of the teenage expectant mother can be discussed more specifically from information obtained on approximately 1,000 girls served since 1962. The average age of girls referred or requesting service is 15.8 years. The age range has been from 11.6 to 18 years. Intellectual ability has been in the normal range, with only approximately one and one-half percent below average, ten percent college capable, and thirty percent continuing school after graduation. The pregnant teenager is highly motivated to continue school and assume responsibility as a young adult.

Attending school during pregnancy for some of these girls is extremely difficult because they have many prenatal problems which require rest at home or frequent visits to clinics or private physicians. During the school year 1966-1967, there were 266 pupils, grades 9 to 12, enrolled in the classes. Of this group, 181 terminated their pregnancy during enrollment. A breakdown of the terminations shows that there were 157 normal births, three Caesarean sections, eight miscarriages, ten premature births, two stillborn, and one neonatal infant death.

The need to continue to provide adequate prenatal education and care is obvious. This project continues to serve a small percentage of our school population, but each year the program has expanded and each year the community has shown an increase in understanding toward the needs of the pregnant adolescent.

In conclusion, I would like to read a graduation speech given June, 1967, by a pupil graduating from a classroom for school age expectant mothers:

> "Distinguished guests, ladies and gentlemen, fellow graduates and students...
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> "As I look at myself and the other graduates, I suddenly realize that this is the proudest moment of my life.
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> "I guess no one will realize how much I love this school and all the memories that it holds for me. I have so much to be grateful for. A few years ago, I probably would not have had the opportunity I have today. The opportunity to finish my education and more important the salvation of my dreams. A few years ago, I would have had to drop out of school and maybe lose myself to a meaningless life. Today, I am receiving my diploma and going on to building a future for myself.
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> "When first confronted with my problem, it suddenly occured to me how time was so short and precious. We have to make our decisions about our future while in high school and follow it out. But, to me time was always endless, until I had realized that time had almost stopped for me. The thought of dropping out of school made me feel that all twelve years of previous schooling was wasted because I could not get my diploma.
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> "But through this school, my life can go on. Going to this school not only made me appreciate education more, it also encouraged me to ignite the flame of my ambition I thought was extinguished. It made me study harder and I found myself enjoying it. I acquired a thirst for more knowledge and a newfound thrill everytime I learned something new.

"It isn't hard to start over again when you have parents like mine, who, in spite of everything, stood behind me and encouraged me all the way. It isn't hard when you have a Girls' Vice-Principal like Miss S---, who befriended and helped me, or Mrs. B---, our teacher here at Widney, who laughed with us and shared our problems and dreams as well as taught us. There are others, too, like Mr. H---, our counselor, who guided and listened to our grievances, and Mrs. C---, our nurse, who advised and dispelled our many worries and questions on health conditions. There is a special feeling of gratitude within me for Dr. L---. It is this pioneer who made it possible for girls like us to continue with our education. And, of course, I can't forget all the girls. It is this sharing and giving of their spirit, their friendship and memories I will always cherish. It is to these people I dedicate my gratitude and appreciation. Thank you all for believing in me, encouraging me, and restoring my faith in myself.

"Yes, I have a lot to be grateful for, and I want to show my gratitude to all who have helped me. For now I am thanking you verbally, but I plan to do more. Because Mrs. B--- was such an inspiration and I have grown attached to this school, I plan to go on to college and eventually become a teacher like Mrs. B---. I would like to help the girls who will come after me to find the courage and understanding as well as education they will need to start their life with a brighter future. *I know this program* needs more teachers and I want other girls to have the "second chance" that I had. I don't want to see girls miss the opportunity I had, to change or shape their futures for the better.

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